

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09-40374</b>	FILED <b>18 OCT 1999</b>	APPLICANT(S) <i>Kullok</i>					
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51							
2		1		1			52							
3		2		1			53							
4		2		1			54							
5		2		1			55							
6		2		1			56							
7		2		1			57							
8		2		1			58							
9		2		1			59							
10		2		1			60							
11		2		1			61							
12		2		1			62							
13							63							
14							64							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1		1				TOTAL IND.							
TOTAL DEP.	12		11				TOTAL DEP.							
TOTAL CLAIMS	13		12				TOTAL CLAIMS							